

Attach a clear, full-face photograph (2"x 2") of your head and shoulders, taken within the past six months. A photo is required with each application. (Do not use staples to attach the photo.)



State of New Jersey  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF EXAMINERS OF MASTER PLUMBERS  
124 HALSEY STREET, 6TH FLOOR, P.O. Box 45008  
NEWARK, NEW JERSEY 07101  
(973) 504-6420

An application fee of \$75.00 must accompany this application. The application fee is \$50.00 if the applicant has previously registered with the Board as an apprentice plumber. Only certified checks or money orders, payable to the State of New Jersey, will be accepted. The application fee is not refundable.

## Application for Registration as a Journeyman Plumber

(Pursuant to N.J.S.A. 45:14C-10.1 and N.J.S.A. 45:14C-10.2)

Please supply an address for each category below and indicate (by placing an "X" in the appropriate box) which of these should be listed as your address of record. If your mailing address is a post office box, you may choose to have correspondence directed to you there but you may not use a post office box as your address of record. Your address of record must include a street address, city, state and ZIP code. **Note:** Your address of record is considered public information. It will be posted as part of the Online Licensee Directories at <http://www.state.nj.us/lps/ca/director.htm>. If you fail to designate an address of record, your home address will be considered your address of record.

*Please print or type.*

### Personal Information

Last name	First name	Middle initial	Maiden name (if applicable)
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☐ **Home Address**

Street	City	State	ZIP code	County
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Telephone number (include area code)	E-mail address
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☐ **Business Address**

Name of company	Telephone number (include area code)
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Street	City	State	ZIP code	County
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☐ **Mailing Address**

Street or P.O. Box	City	State	ZIP code	County
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Please indicate the address to which correspondence should be directed: ☐ Home ☐ Business ☐ Mailing

Please remember that if your mailing address is a post office box, it may not be used as your address of record. Your address of record must include a street address, city, state and ZIP code.

1. Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
 Month Day Year City State

2. Are you a citizen or legal resident of the United States? ☐ Yes ☐ No

3. Do you presently hold a license as a master plumber in any other state, the District of Columbia or in any other jurisdiction?  
☐ Yes ☐ No If "Yes," please provide the name of the other state or jurisdiction, the date(s) you were  
 licensed and your license number in that other state or jurisdiction:

\_\_\_\_\_  
 State or jurisdiction Dates (from/to) License number

\_\_\_\_\_  
 State or jurisdiction Dates (from/to) License number

\_\_\_\_\_  
 State or jurisdiction Dates (from/to) License number

4. Have you ever been convicted of any criminal offense? (Minor traffic offenses such as parking or speeding violations  
 need not be listed; however, motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.)  
☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide  
 a complete explanation. (Attach additional sheets of paper to this application.)

#### 5. Education

(Please provide the requested information about the accredited and approved apprenticeship program(s) which you have  
 successfully completed.)

Name and location of the program(s)	Telephone number	Years (from/to)

(Please provide the requested information about the accredited college or university from which a bachelor's degree was  
 attained in mechanical, plumbing or sanitary engineering. Please include all schools in chronological order. Attach a  
 copy of your diploma or an official transcript.)

Name and location of the institution(s)	Years (from/to)	Course	Credit hours	Date graduated	Degree received

6. Statement of employment in conjunction with the Apprenticeship Program.

Give a detailed account of your current employment in the business of plumbing, giving the dates, the employer's name, and your duties for the last five (5) years. Please list the name, address and telephone number of each employer and each employer's license number. List in chronological order, with the most recent job first. (Use additional sheets of paper if necessary.)

# AFFIDAVIT

**This affidavit is to be executed by the applicant before a notary public:**

State of: \_\_\_\_\_

County of: \_\_\_\_\_ } ss.

I, \_\_\_\_\_, in making this application to the State Board of Examiners of Master Plumbers for licensure or registration under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Examiners of Master Plumbers, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or registration or to withhold renewal of or suspend or revoke a license or registration card issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14C-1 et seq., together with the Rules and Regulations of the State Board of Examiners of Master Plumbers, N.J.A.C. 13:32-1.1 et seq., and fully understand that in receiving licensure or registration from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or registration. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

\_\_\_\_\_  
Signature of applicant

Sworn and subscribed to before me this \_\_\_\_\_  
day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

\_\_\_\_\_  
Name of Notary Public (please print)

\_\_\_\_\_  
Signature of Notary Public

***Affix Seal Here***

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## (FOR OFFICE USE ONLY)

Was the applicant approved? ☐ Yes ☐ No

If the applicant was not approved, please state the reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Date the registration was approved  
or disapproved by the Board

## CHILD SUPPORT QUESTIONS

*Please certify, under penalty of perjury, the following:*

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| 1. Do you currently have a child-support obligation?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| a. If "YES," are you in arrears in payment of said obligation?  | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| b. If "YES," does the arrearage match or exceed the total amount payable for the past six months?       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 2. Have you failed to provide any court-ordered health insurance coverage during the past six months?   | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 3. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| 4. Are you the subject of a child-support-related arrest warrant?                                       | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "YES" to any of the questions numbered 1a through 4 will result in a denial of licensure or registration. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or registration.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**\*Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or registration or license or registration renewal.

\*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number and/or federal taxpayer identification number, and where neither is possessed, the reason for not having such number. The Board is further obligated to provide these identifying numbers to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the HIP Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure and disciplinary proceedings.

I, \_\_\_\_\_, ☐ Consent ☐ Do Not Consent  
Applicant's signature

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.